



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit: 3727)
)
Examiner: Olson, Margaret Linnea)
)
Applicant: Mulvihill, James A.)
)
Serial No.: 10/750,801)
)
Filed: January 2, 2004)
)
For: FLIP-UP TRUNK SPACE)
STORAGE SYSTEM)
_____)

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450

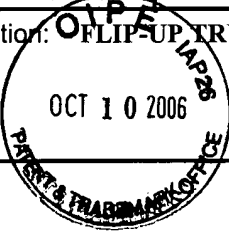
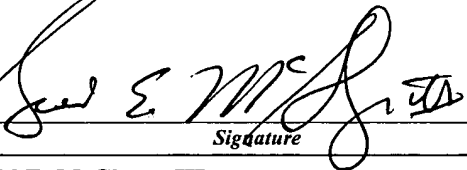
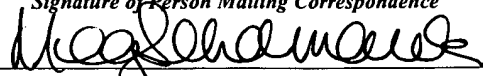
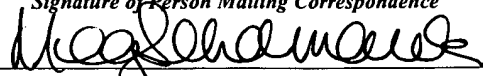
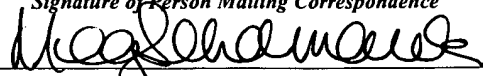
Dear Sir:

This is in response to the non-final Office Action dated July 13, 2006.

Amendments to the specification begin on page 2 of this paper.

Amendments to the claims begin on page 3 of this paper.

Remarks begin on page 5 of this paper.

AMENDMENT TRANSMITTAL LETTER (Large Entity)				Docket No. 04537 (3883.00074)			
Applicant(s): Mulvihill							
Application No. 10/750,801	Filing Date January 2, 2004	Examiner Olson, Margaret Linnea	Customer No. 35374	Group Art Unit 3727	Confirmation No. 1822		
Invention: FLIP-UP TRUNK SPACE STORAGE SYSTEM							
							
COMMISSIONER FOR PATENTS:							
Transmitted herewith is an amendment in the above-identified application.							
The fee has been calculated and is transmitted as shown below.							
CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE		
TOTAL CLAIMS	4 -	20 =	0	x \$50.00	\$0.00		
INDEP. CLAIMS	1 -	3 =	0	x \$200.00	\$0.00		
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00		
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00		
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 02-2712 <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.							
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
 Signature			Dated: October 5, 2006				
Gerald E. McGlynn, III Reg. No. 33,737 Bliss McGlynn, P.C. 2075 West Big Beaver Road Suite 600 Troy, Michigan 48084			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on October 5, 2006 (Date) </td> </tr> <tr> <td style="text-align: center;"> Megan L. Schamanek Signature of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence </td> </tr> </table>			I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on October 5, 2006 (Date)	Megan L. Schamanek Signature of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence
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Megan L. Schamanek Signature of Person Mailing Correspondence  Typed or Printed Name of Person Mailing Correspondence							
CC:							